

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 1028
 1028

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		0644-	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>714 Lyon St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>G.</u> c. (Last) <u>Thrope</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6. 51</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>OCT. 28. 1879</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>2</u>		11. DAYS <u>9</u>		12. IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Plymouth, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>John Thrope</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Rhodes</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Erna Thrope, 1742 Hannibal Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated</u> 5610 b. <u>Strangulated Right inguinal</u> c. <u>Hernia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hernia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 days</u> <u>3 days</u>	
19a. DATE OF OPERATION <u>1-5-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Strangulated Hernia, Perforated Intestine</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from <u>Jan. 5</u> , 19 <u>51</u> , to <u>Jan. 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 6</u> , 19 <u>51</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Sam Canfield</u> (Degree or title) _____				23b. ADDRESS <u>1009 Broadway</u>		23c. DATE SIGNED <u>1/15/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>1-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion MO</u>	
DATE REC'D BY LOCAL REG. <u>1-18-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James O. Donnell</u>		ADDRESS <u>Hannibal MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0644
 0

RECEIVED JAN 17 1951
L. AMON CO. HEALTH DEPT.
DATE FILED JAN 20 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Michael J. O'Honnell

Signed

Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.